

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010164

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 55

Primary Registration District No. 304

Registrar's No. 36

FILED MAR 26 1962

## 1. PLACE OF DEATH

a. COUNTY

Carroll

b. CITY (If outside corporate limits, give TOWNSHIP only)

Carrollton

Length of stay in 1b

1 Day.

c. FULL NAME OF (If NOT in hospital, give location)

Carroll County Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Carroll

Inside Limits

Yes ☐ No ☐

c. CITY

Carrollton Mo.

OR TOWN

d. STREET ADDRESS

(If outside, give location)

R.F.D. # 3.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Ruth

Middle

Last

Harper

4. DATE OF DEATH

Month

3-

Day

19-

Year

62

## 5. SEX

Female

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-14-91

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

3 5

## IF UNDER 24 HR

Months

Days

Hours

Min.

3 5

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Housework

## 11. BIRTHPLACE (City and state or country)

Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

William Littleton

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Vance

## 14. NAME OF HUSBAND OR WIFE

Robert B. Harper (D&amp;C)

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

## 17. INFORMANT

Robert A. Harper (Carrollton Mo.)

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Heart Failure (myocardial)

## INTERVAL BETWEEN ONSET AND DEATH

5 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Due to over loaded water logged

body

Days.

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

a.m.

p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from 3-18-62

to 3-19-62

and last saw her alive on 3-19-62

Death occurred at 4:50 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

## 22b. ADDRESS

Carrollton, Mo.

## 22c. DATE SIGNED

3-20-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

3-21-62

## 23c. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

## 23d. LOCATION (City, town, or county)

Carrollton

## (State)

Mo.

## 24. FUNERAL DIRECTOR

## ADDRESS

Marshall F. Home (Carrollton Mo.)

## 25. DATE RECD. BY LOCAL REG.

3-21-62

## 26. REGISTRAR'S SIGNATURE

Mrs. Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59

0171

20170

3

4 1

5 2

6

7 0

8 0

9 9

10 8

11

12 5-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. M. Marshall

Licensed Embalmer No. 2525

P. O. Address Carrollton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.